

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/677252

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		3				
15		1				
16		1				
17		1				
18		1				
19		1				
20		4				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		3				
32		3				
33	1					
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		2				
46		1				
47		1				
48	1					
49	1					
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51	2			
52	2			
53	2			
54	2			
55	2			
56	2			
57	2			
58	2			
59	2			
60	1			
61	1			
62	1			
63	1			
64	3			
65	3			
66	1			
67	1			
68	2			
69	1			
70	1			
71	1			
72	1			
73		1		
74		1		
75		1		
76		1		
77		1		
78		1		
79		1		
80		1		
81		1		
82		1		
83		1		
84		1		
85		1		
86		1		
87		1		
88		1		
89		1		
90		1		
91		1		
92		1		
93		1		
94		1		
95		1		
96		1		
97		1		
98		1		
99		1		
100		1		
TOTAL IND.	8			
TOTAL DEP.	97			
TOTAL CLAIMS	105			